

Effective on 10/01/2008 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). EE JUL 14 2009 16 FEE TRANSMITTAL FOR FY 2009		Complete if Known	
		Application Number	10/523,623
		Filing Date	February 14, 2006
		First Named Inventor	BERGEL, Alain
Examiner Name	4111		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	Stephan J. Essex
TOTAL AMOUNT OF PAYMENT (\$) 130.00		Attorney Docket No.	10404.028.00

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 50-0911 Deposit Account Name: McKenna Long & Aldridge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	115	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	- 20 or HP = 0	x \$52 = 0	_____

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	- 3 or HP = 0	x \$220 = 0	_____

HP = highest number of independent claims paid for, if greater than 3.

<u>Small Entity</u>	
<u>Fee (\$)</u>	<u>Fee (\$)</u>
52	26
220	110
390	195

<u>Multiple Dependent Claims</u>	
<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
0	0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>
_____	- 100 = 0	/ 50 = 0 (round up to a whole number) x

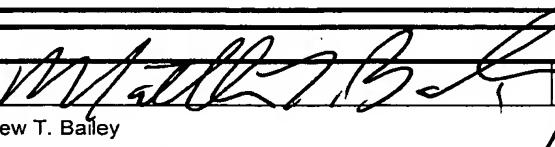
<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>
_____	= 0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Extension of Time _____ \$130.00 _____

SUBMITTED BY

<u>Signature</u>		<u>Registration No.</u> Attorney/Agent 33,829	<u>Telephone</u> (202) 496-7500
Name (Print/Type)	Matthew T. Bailey		Date July 14, 2009